



Trinity Program Registration

Mark Jones Ministries

Dr. Mark Jones, LMFT

All information is CONFIDENTIAL -- (One registration per person)

Name _____ Home Phone _____

Address _____ Apt# _____ Cell Phone _____

City _____ State _____ Work Phone _____

Zip Code _____ Email address _____

Date of birth _____ - _____ - _____ Your occupation _____
Mo. Day Year

Gender: (circle) Male Female Employer _____

Marital Status: Married Remarried Separated Divorced Single never married Widowed

Spouse Name: _____ How long married: _____

How did you hear about the Trinity Program? _____

What do you hope to accomplish this weekend? _____

What physical / mental ailments do you have at this time? _____

Are you currently taking any prescription medications? Yes No

Please list any medication you are currently taking:

A SNAPSHOT OF MY LIFE

Do you believe in Jesus Christ as the son of God? _____

Describe your current spiritual life – existent, non-existent.

Do you currently attend a church, if so which one and where? Were you raised going to church? Yes No

Stress & tension in my life is (circle one) minimal, under control, terrible, out of control

I agree to and acknowledge that I will receive prayer during the Trinity Program as part of the ministry that occurs.

Signed _____

Trinity Program Event Location and Payment Information

The cost of the Trinity Program is \$650 per person.

Early Registration is \$480. Payment plans are available.

Call 210 495-2797 to register or pay a deposit today!

Trinity Program will be held at 11202 Disco Drive, San Antonio, Texas 78216

Due to expenses we incur in advance for Trinity Program, registration fees are non-refundable. However, if you are unable to attend, you may send someone in your place. I understand and agree to the no-refund policy (Signature)

Method of Payment: Check # _____ Check Amt \$ _____ Cash Amt: \$ _____

Credit Card Use: (circle one) Master Card, Visa, Discover, American Express*

American Express users will incur an additional \$11 service fee that AMEX applies to us when we run their charges through. Total Amt to charge card \$ _____

Card # _____ - _____ - _____ Expires: _____

Billing Address _____

Billing Name if different _____

Save, and email or scan your completed forms with payment information to office@libertyalliancegroup.com.

(Please do not save it as a jpeg file, we prefer a pdf file or word document).

Mail / Email to:

Mark Jones Ministries

office@libertyalliancegroup.com

Trinity Program

11202 Disco

San Antonio, TX 78216

The week of Trinity Program you will receive a confirmation email with full details about meals, what to wear, what to bring and other important information regarding Trinity Program.